

**South Carolina Department of Labor, Licensing and Regulation  
Board of Registration for Foresters**



**RETURN FORM TO:**

**S.C. Dept. of Labor, Licensing and Regulation  
Board of Registration for Foresters**

110 Centerview Drive

Post Office Box 11329

Columbia, South Carolina 29211-1329

Phone: (803) 896-4800

Internet Address: [www.llr.state.sc.us](http://www.llr.state.sc.us)

No. \_\_\_\_\_

FOR BOARD USE ONLY	
FEES	DEPOSIT
\$30 Application Fee	
\$40 Registration Fee	
Registration Issued	

**APPLICATION FOR REGISTRATION AS A FORESTER BY  
EXAMINATION OR RECIPROCITY**

**FEES REQUIRED:** \$30 Application fee and \$40 Registration fee for a two-year license. Submit a check or money order payable to the SC Department of Labor, Licensing and Regulation, (LLR) Board of Registration for Foresters.

The undersigned applicant hereby applies to the South Carolina Department of Labor, Licensing and Regulation, Board of Registration for Foresters for a license under the provisions of Title 48, S.C. Code, 1976 (as amended) and the Rules and Regulations of the Board and in support of said application makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny a license or to withhold renewal of or suspend or revoke a license if issued by the Board. The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant's record or background as the Board in its judgment deems proper, and said applicant further agrees to furnish any additional information requested by the Board and to appear before the Board in person if requested to do so.

**Type or Print in Ink**

**Indicate type of Application:** \_\_\_\_\_ REGISTRATION BY EXAMINATION \_\_\_\_\_ REGISTRATION BY RECIPROCITY  
\_\_\_\_\_ REINSTATEMENT

1. Full Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. \*Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: (\*Home) \_\_\_\_\_ (Work) \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Email: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. High School Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No Year Graduated: \_\_\_\_\_

High School: (Name) \_\_\_\_\_ (Address) \_\_\_\_\_

6. Have you ever held a registered professional forester license in S.C. or elsewhere? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, indicate below. If more space is needed, attach a separate statement).

a. State: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Registered by examination: Yes / No

Registered by Grandfather Provision: Yes / No Registered by Reciprocity: Yes / No

b. State: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Registered by examination: Yes / No

Registered by Grandfather Provision: Yes / No Registered by Reciprocity: Yes / No

c. State: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Registered by examination: Yes / No

Registered by Grandfather Provision: Yes / No Registered by Reciprocity: Yes / No

d. State: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Registered by examination: Yes / No

Registered by Grandfather Provision: Yes / No Registered by Reciprocity: Yes / No

7. Are you applying for a license in accordance to a reciprocal agreement with another state? \_\_\_\_\_

8. Have you ever had any license to practice forestry denied, suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this or any other state or jurisdiction? \_\_\_\_\_ (If yes, attach a separate statement providing complete details).

9. Have you ever had any other business or professional license of any type denied, suspended, revoked or surrendered in this or any other state or jurisdiction? \_\_\_\_\_ (If yes, attach a separate statement providing complete details).

10. Have you ever been convicted of or pled guilty to or nolo contendere to a felony or crime involving drugs or moral turpitude, or are there any criminal charges now pending against you? \_\_\_\_\_ (If yes, attach a separate statement providing complete details).

11. Are there any unpaid judgments of debt now outstanding against you? \_\_\_\_\_ (If yes, attach a separate statement giving complete details).

12. Include in chronological order attendance at each college or university beyond high school. Do not include short courses or seminars.

Name and Location of Institution	Attendance (Mo./Yr.)	Degree Received	Date of Degree

13. List all places of employment during the past six years – list present employment first. (Attach sheet if needed).

Name of Company	Address	City	State
Position	Duties	From (Mo./Yr.)	To (Mo./Yr.)
Name of Company	Address	City	State
Position	Duties	From (Mo./Yr.)	To (Mo./Yr.)

Name of Company	Address	City	State
Position	Duties	From (Mo./Yr.)	To (Mo./Yr.)

14. Have you read and understand the South Carolina Board of Registration for Foresters Statute and Regulations (SC Code of Laws, Title 48 Chapter 27, and SC Code of Regulations Chapter 53)? \_\_\_\_\_

**All information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except items designated with this symbol (\*).**

**When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers.**

### AFFIDAVIT

I, \_\_\_\_\_, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice as a Forester in South Carolina.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Print Name of Applicant*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*Seal required here*

**Please Note:** Applicants applying for registration through six (6) years of experience must have Board approval to take the Certified Forester (CF) exam for registration in South Carolina. All fees are non-refundable.

## AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

### Section A: **LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Permanent Resident Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Employment Authorization Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

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(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

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Signature

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Date

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Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

*The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

06/28/12 Affidavit of Eligibility  
10/05/12 Revised

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Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. **The South Carolina Freedom of Information Act** ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with **The South Carolina Freedom of Information Act**, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.